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Should the economic pillar be included in national, European or global consensuses concerning *Helicobacter pylori* infection treatments?

Christos Liatsos[a], Apostolis Papaefthymiou[a], Sotirios D. Georgopoulos[b], Jannis Kountouras[c]

401 Army General Hospital of Athens; Paleo Faliron Hospital, Athens; Aristotle University of Thessaloniki, Ippokration Hospital, Thessaloniki, Macedonia, Greece

The Hellenic *Helicobacter pylori (H. pylori)* consensus working group published the first national guidelines regarding the *Helicobacter pylori* infection, to assist physicians in their daily clinical practice [1]. With regard to *H. pylori* treatment, several eradication regimens have been proposed over the last years with respect to the best approach to antibiotic resistance [2]. *H. pylori* infection has undoubtedly imposed a notable economic burden on European healthcare systems that has not been evaluated in detail so far [3], especially during the last decade of financial crisis. Liatsos *et al* [4] recently estimated thoroughly, for the first time in Greece, the expenditures of all available *H. pylori* eradication treatment regimens. Direct medical costs for a single-attempt outpatient *H. pylori* eradication treatment were calculated for both prototypes and generics, revealing that regimens based on pantoprazole 40 mg are the most affordable choice, followed by esomeprazole and rabeprazole. Papaefthymiou *et al* [5] published the first study evaluating the cost effectiveness of *H. pylori* treatment regimens in Greece, and suggested a 10-day concomitant regimen with generics using esomeprazole 40 mg as the most appropriate. Given these findings, one might presume that a national or international consensus could include in its statements changes in direct costs concerning first, second or salvage treatment schemes, as well as cost-effectiveness approaches based on relevant studies. Randomized studies concerning the long-term cost benefits after *H. pylori* eradication treatments seem to be necessary [6,7].

Economic evaluation seems increasingly significant as healthcare systems become more expensive, considering the high prevalence of *H. pylori* globally. *H. pylori* treatment costs should be taken into account by the policy-makers of the existing healthcare systems. These data could also be used for the development of specific adjusted strategies for global eradication, aiming at a better as well as less expensive therapeutic approach to the patient.

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Department of [a]Gastroenterology, 401 Army General Hospital of Athens (Christos Liatsos, Apostolis Papaefthymiou); [b]Gastroenterology, Athens Medical, Paleo Faliron Hospital, Athens (Sotirios D. Georgopoulos); [c]Medicine, Second Medical Clinic, Aristotle University of Thessaloniki, Ippokration Hospital, Thessaloniki, Macedonia (Jannis Kountouras), Greece

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Correspondence to: Christos Liatsos, MD, PhD, FEBGH, Consultant Gastroenterologist, Director of the Gastroenterology Department, 401 General Army Hospital of Athens, Athens 11525, Greece, e-mail: cliatsos@yahoo.com

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